III. REMARKS

1. Claims 1, 3, 6 and 8 are amended. Claim 7 is cancelled without prejudice. Claims 12-15 are new. Applicant appreciates the courtesy of the interview with the Examiner on May 25, 2006.

2. Claims 1-6 are patentable under 35 U.S.C. 102(e) over Geva, U.S. Patent No. 6,366,871. Claim 1 recites a wireless personal data logging and processing device having a wireless receiver configured to receive information from a physical condition arrangement, a physical activity arrangement, a location arrangement and a task activity arrangement, an alarm/display part configured to display messages or alerts to the user and a control unit configured to make context-based decisions based on the received information to guide the actions of the user of the reminder. Geva fails to disclose or suggest a control unit equipped with means arranged so as to make context-based decisions based on the received information to guide the actions of the user of the reminder as recited in claim 1.

Geva discloses a personal ambulatory cellular health monitor (12) which monitors the physiological condition of a patient (10), records physiological data and transmits some or all of the data, as well as the patients location, via a cellular telephone network to a central medical monitoring station (Col. 5, L. 25-42). The clinician at the receiving station analyzes the patient's physiology data and instructs the patient regarding any actions the patient should take and/or notifies emergency medical personnel of the patient's present location and dispatch them to come to the patient's aid (Col. 8, L. 57-62). This is not what is claimed by Applicant. Claim 1 recites a control unit configured to make context-based decisions based on the received information to guide the actions of the user of the reminder.

In Geva, it is the clinician that analyzes and guides the user of the personal ambulatory cellular health monitor (12) (Col. 8, L. 57-62). The Examiner argues that the control subsystem 600 of Geva is disclosed at column 7, lines 43-47 and in the abstract as being "equipped with means arranged so as to make context-based decisions to guide the actions of the user". Column 7, lines 26-47 merely disclose that,

> Control subsystem 600 typically includes control circuitry including a data MUX/DEMUX 601 which provides simultaneous multiple analog data channel conversion to digital data and vice versa, RAM memory 602, a ROM memory 603, a microprocessor 604, interface function circuitry 605 via which microprocessor 604 communicates with the various subsystems, display 606, keypad 607, a subscriber ID 608 for cellular telephone identification such as is known with GSM systems, an alarm 609, and a service request decoder (SRQ) 610 which decodes incoming signals to determine if the signal is a voice communication or a control signal and, if the latter, informs microprocessor 604 of the incoming control signal and the nature of the control instructions, such as data download, data upload, etc. Microprocessor 604 preferably controls the operation of monitor 12, including medical subsystem 100, PLC subsystem 200, DSP subsystem 300, voice processing subsystem 400, and radio subsystem 500. Control subsystem 600 also manages common resources such as DSP subsystem 300, Data MUX/DEMUX 601, RAM memory 602, and ROM memory 603 among the various subsystems, and controls data flow between subsystems.

Nowhere in this passage or anywhere else is it disclosed or suggested in Geva that the control subsystem is "configured to make context-based decisions based on the received information to guide the actions of the user" as recited in claim 1. In Geva, the personal ambulatory cellular health monitor (12) receives information from several sensors and transmits the accumulated information to a clinician at a hospital for analysis. A decision based on the accumulated information is made in the hospital by the clinician. (See. Figs. 5-10 of Geva). After the decision making process the clinician at the hospital sends instructions back to the patient through the monitor (12). The monitor (12) of Geva does not make any decisions by itself based on the patient's physiology data. Thus, claim 1 is patentable over Geva.

Claim 6 is patentable over Geva for reasons similar to those described above with respect to claim 1. Claims 2-5 and 8 depend from claims 1 and 6 and are patentable at least by reason of their respective dependencies.

3. Claim 8 is patentable under 35 U.S.C. 103(a) over Geva in view of Pool et al., U.S. Patent 6,561,975 ("Pool"). Claim 8 depends from claim 6. For the reasons described above, Geva fails to disclose or suggest all the features of Applicant's claim 6. It is submitted that combining Pool with Geva fails to remedy the deficiencies of Geva.

Pool discloses a telemetry system and method for establishing a data link between an implanted device and an external medical communications device (Col. 5, L. 30-33). The telemetry system enables a closed-loop system that is structured to provide real-time continuous feedback to the implantable medical device and medical care provider (Col. 5, L. 41-44). The medical

communication system (130) is a programming device capable of downloading information to implanted device (120) or uploading information from implanted device (120) (Col. 5, L. 50-54). The medical communication system (130) ultimately transmits the implanted medical device data to a data center. At the data center, a healthcare specialist provides remote analysis of the implanted medical device data and approves changes in therapy or diagnosis from the information received via the telemetry wearable article. (Col. 6, L. 48-54). This is not what is claimed in claim 6.

Claim 6 recites a wireless reminder carried by an individual user, the reminder comprising a wireless receiver configured to receive information from the physical condition arrangement, physical activity arrangement, location arrangement and the task activity arrangement and a control unit configured to make context-based decisions based on the received information to guide the actions of the user of the reminder. In Pool, the information obtained by the medical communication system (130) about the implanted medical device (120) is transmitted to a data center to be analyzed by a healthcare specialist. The medical communication system (130) in Pool does not make context-based decisions based on the received information, rather it is the healthcare specialist that makes these decisions. Therefore, the combination of Geva and Pool fails to disclose or suggest all the limitations of Applicant's claim 6. Thus claim 8 is patentable over the combination of Geva and Pool at least by reason of its dependency.

For all of the foregoing reasons, it is respectfully submitted that all of the claims now present in the application are clearly novel and patentable over the prior art of record, and are in

proper form for allowance. Accordingly, favorable reconsideration and allowance is respectfully requested. Should any unresolved issues remain, the Examiner is invited to call Applicants' attorney at the telephone number indicated below.

The Commissioner is hereby authorized to charge the $400.00 claim fee for two additional independent claims and payment for any fees associated with this communication or credit any over payment to Deposit Account No. 16-1350.

Respectfully submitted,

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